

## **The Department of Vermont Health Access Medical Policy**

**Subject: Blood Pressure Monitor Set-Up: Sphygmomanometer with Stethoscope OR Automatic Blood Pressure Monitor**

**Last Review:** June 15, 2016

**Revision 5:** June 2, 2015

**Revision 4:** October 30, 2014

**Revision 3:** April 25, 2014

**Revision 2:** October 19, 2011

**Revision 1:** March 18, 2010

**Original Effective:** 2004

### **Description of Service or Procedure**

The sphygmomanometer with cuff and stethoscope and the automatic blood pressure monitors are devices used to monitor blood pressure

### **Disclaimer**

Coverage is limited to that outlined in Medicaid Rule that pertains to the member's aid category. Prior Authorization (PA) is only valid if the member is eligible for the applicable item or service on the date of service.

### **Medicaid Rule**

[7102.2](#) Prior Authorization Determination

[7103](#) Medical Necessity

[7505.2](#) Covered Services... "Blood pressure cuffs/machines (including stethoscope) when prescribed for patients who require frequent monitoring for a specific disease and when used as an alternative to home health nursing visits".

Medicaid Rules can be found at <http://humanservices.vermont.gov/on-line-rules>

### **Coverage Position**

A sphygmomanometer with cuff and stethoscope or automatic blood pressure monitor may be covered for beneficiaries:



- When the sphygmomanometer with cuff and stethoscope or automatic blood pressure monitor is prescribed by a licensed medical provider, enrolled in the Vermont Medicaid program, operating within their scope of practice in accordance with the Vermont State Practice Act, who is knowledgeable in the use of sphygmomanometer with cuff and stethoscope or automatic blood pressure monitor and who provides medical care to the beneficiary. AND
- When the clinical criteria below are met.

### **Coverage Criteria**

A sphygmomanometer with cuff and stethoscope or automatic blood pressure monitor may be covered for beneficiaries who meet the following criteria:

- The beneficiary requires ongoing, frequent monitoring (equal to or greater than once per day) for a specific disease (see below); AND
- The beneficiary is able to accurately record and report the readings; AND
- Is required to report those blood pressure reading to the prescribing provider who utilizes them in the course of his/her treatment of the beneficiary; AND
- When self-monitoring of beneficiary's blood pressure is used as an alternative to home health nursing visits; AND

The beneficiary has been diagnosed as having one of the following diagnoses/conditions:

- Benign hypertensive renal disease; OR
- Unspecified hypertensive renal disease; OR
- Benign hypertensive heart and kidney disease with chronic kidney disease or with heart failure and chronic kidney disease; OR
- Unspecified hypertensive heart and kidney disease with chronic kidney disease; OR
- Heart failure and chronic kidney disease; OR
- Renal failure; OR
- Renal dialysis status; OR
- Recent myocardial infarction with labile office blood pressure; OR
- Symptomatic Coronary artery disease with labile blood pressure.

Note: Many individuals have difficulty obtaining correct readings, particularly if there are vision and/or hearing issues. Successful training and ability to obtain correct readings are a prerequisite for coverage.

### **Type of service or procedure covered**

A standard blood pressure cuff with a stethoscope is covered for beneficiaries that have a trained caregiver available to them at all times and the prescribing provider has ordered the beneficiaries blood pressure to be checked AND the above criteria are found to be met.

An automatic blood pressure monitor is only covered when:

- A trained caregiver is not available to assist in obtaining blood pressures at the times that the prescribing provider has ordered the beneficiaries blood pressure to be checked; AND
- The beneficiary is physically and cognitively able to use the device independently; AND
- The above criteria are met.

A continuous automatic blood pressure monitors is only covered for beneficiaries less than 12 months of age and when medically necessary. The continuous automatic blood pressure monitor measures blood

pressure continuously in real time and come with a recording device. They are non-invasive and can be used with a cuff or finger sensor.

**Type of service or procedure not covered (this list may not be all inclusive)**

A standard blood pressure cuff with stethoscope or an automatic blood pressure monitor is not covered if the above criteria are not met.

**References**

MayoClinic.com. (2014). Get the most out of home blood pressure monitoring. Retrieved and reviewed on September 25, 2014, from: <http://www.mayoclinic.com/health/high-blood-pressure/hi00016>

Pickering, T. G., Phil, D., & White, W. B. (2008). When and how to use self (home) and ambulatory blood pressure monitoring. *Journal of the American Society of Hypertension*, 2(3). Retrieved on May 05, 2014, from: [http://www.ashjournal.com/article/S1933-1711\(08\)00047-8/pdf](http://www.ashjournal.com/article/S1933-1711(08)00047-8/pdf)

Stergiou, G., Mengden, T., Padfield, P. L., Parati, G., & O'brien, E. (2004). Self monitoring of blood pressure at home, BMJ 329. Retrieved and Reviewed on May 02, 2012, from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC523098/pdf/bmj32900870.pdf>

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